

STATE OF LOUISIANA  
DEPARTMENT OF STATE CIVIL SERVICE

<b>To: State of Louisiana DEPARTMENT OF STATE CIVIL SERVICE P. O. Box 94111, Capitol Station Baton Rouge, LA 70804-9111</b>		<b>FOR CIVIL SERVICE USE ONLY - SF2 TRACKING</b>	
Please issue a certificate of eligibles to the agency below, in accordance with the provisions of the Civil Service Rules, to fill vacant positions under the following terms and conditions:		Org ID: _____ Req #: _____	
<b>CHECK DEPT. PREFERRED REEMPLOYMENT LISTS</b>		<b>Date Action</b>	
<b>DATE:</b>		____ 01 - To Applicant Records Supervisor	
<b>ORGANIZATION ID:</b>		____ 02 - To Application Processing Unit	
<b>REQUISITION NO. (6 digits):</b>		____ 04 - To Applicant Rec'ds Pending Announcement	
<b>ISIS Personnel Area Code:</b>		____ 06 - To Applicant Records for certificate issue	
<b>LOCATION OF VACANCIES (City and Parish):</b>		____ 07 - Certificate issued # _____	
<b>JOB CODE AND TITLE:</b>		____ 08 - Request cancelled	
<b>PAY LEVEL:</b>		____ 09 - Returned to agency for correction	
<b>NO. OF VACANCIES:</b>		Appl Recds initials: _____ Notes: _____	
<b>POSITION NUMBER(S):</b>		<b>Existing Register Information</b>	
Please check ONLY ONE box:		Series/Card: _____ No existing register: _____	
<b>APPOINTMENT</b> <input type="checkbox"/> Probational		____ - CTS ____ - STE* ____ - ANN* ____ - OTH*	
<b>TYPE</b> <input type="checkbox"/> Job		Is there a Dept. Preferred Re-employment List? Y N	
<input type="checkbox"/> Promotional		<b>J S Posting Info:</b> A U Cons: _____	
If Promotion, Promotional Zone requested: _____			
<b>SPECIAL REQUIREMENTS AND JUSTIFICATION:</b>			
<b>Note: Approval letter must accompany requests for Selective Certification.</b>			
<b>ORG ID - CONTACT PERSON - MAILING ADDRESS TELEPHONE - EMAIL ADDRESS</b>		<b>REQUESTING OFFICER:</b>	
		<b>TITLE OF REQUESTING OFFICER:</b>	
		<b>SIGNATURE OF REQUESTING OFFICER:</b>	